

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)						SERIAL NO. 10/091061	FILING DATE	
						APPLICANT		
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
10 1						51		
10 2						52		
10 3						53		
10 4						54		
10 5						55		
10 6						56		
10 7						57		
10 8						58		
10 9						59		
11 10						60		
11 11						61		
11 12						62		
11 13						63		
11 14						64		
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11 18						68		
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11 37						87		
11 38						88		
11 39						89		
11 40						90		
11 41						91		
11 42						92		
11 43						93		
11 44						94		
11 45						95		
11 46						96		
11 47						97		
11 48						98		
11 49						99		
11 50						100		
TOTAL IND.	2		4			TOTAL IND.		
TOTAL DEP.	10		26			TOTAL DEP.		
TOTAL CLAIMS	12		30			TOTAL CLAIMS		

Claims
1-100
Canceled

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